



understand that my obligation to honor the confidentiality of such material will continue even after this action concludes.

5. I understand that certain Confidential Information may be subject to state and federal statutory and regulatory privacy and security standards, including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), the Health Information Technology for Economic and Clinical Health Act of 2009 (the “HITECH Act”), and regulations adopted under the U.S. Department of Health and Human Services, 45 C.F.R. Parts 160, 162, and 164 (the “HIPAA Rules”). All Confidential Information disclosed by any party or third party to this action shall be treated in accordance with those standards, if applicable. Capitalized terms used, but not otherwise defined in this agreement, shall have the same meanings as those terms in HIPAA Rules.

6. I understand that failure to comply with the terms of the Protective Order may be punishable by contempt of court and may result in civil liability to any party or person damaged thereby. I agree to be fully bound by the Protective Order, and I hereby submit to the jurisdiction of the United States District Court for the Southern District of New York (without any time limit) for the purpose of enforcing this Protective Order.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_